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1609	7590 07/08/	/2010						
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WASHINGTON,, DC 20036				(Depositor's name)				
		ľ	(Signature)					
		[(Date)		
APPLICATION NO.	FILING DATE		FIRST NAMED INVENT	OR	ATTORN	NEY DOCKET NO.	CONFIRMATION NO.	
10/791,290	10/791,290 03/03/2004		Frank S. D'Amelio SR.		45437 3540		3540	
TITLE OF INVENTION: METHOD AND COMPOSITION FOR TREATING ORAL BACTERIA AND INFLAMMATION								
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	JE PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES	\$755	\$300	\$0	\$0 \$1055		10/08/2010	
EXAMI	EXAMINER		CLASS-SUBCLASS					
ROBERTS, LEZAH		1612	424-490000					
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(1) the names of up or agents OR, alters (2) the name of a si registered attorney 2 registered patent	nting on the patent front page, list ames of up to 3 registered patent attorneys OR, alternatively, une of a single firm (having as a member a l attorney or agent) and the names of up to ed patent attorneys or agents. If no name is name will be printed. 1 Roylance, Abrams, Berdo 2 & Goodman, L.L.P.				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Bio-Botanica, Inc. Hauppauge, NY Please check the appropriate assignee category or categories (will not be printed on the patent):								
4a. The following fee(s) are submitted: Issue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies			b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 18-2220 (enclose an extra copy of this form).					
5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).								
NOTE: The Issue Fee and interest as shown by the re	Publication Fee (if req cords of the United Sta	uired) will not be accepte tes Patent and Trademark	d from anyone other th				ne assignee or other party in	
Authorized Signature January Date 10/06/2010								
	Garrett V. Davis	Registration No. 32,023						
Alexandria, Virginia 2231	3-1430.	CFR 1.311. The informatic U.S.C. 122 and 37 CFR USPTO. Time will vary rden, should be sent to the ONOT SEND FEES OR persons are required to re					by the USPTO to process) ig gathering, preparing, and me you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450, number.	